FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6) AND/OR

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OMB APPROVAL

OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden hours per response...16

SEC USE ONLY							
Prefix	Serial						
DATE RE	CEIVED						

UNIFORM LIMITED OFFERIN	1 DATE BECEIVED 1
Name of Offering (indicate change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule Type of filing: New Filing Amendment	2506 Section 4(6) ULOE
A. BASIC IDENTIFICA	TION DATA
1. Enter the information requested about the issuer	
Name of Issuer {	licate change.)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3360 Martins Farm Rd. Suite 200, Suwanee, Georgia, 3002	4 (770) 614-6944
Address of Principal Business Operations (Number and Street, City, State, Zip Code different from Executive Offices)) (if Telephone Number (Including Area Code)
Brief Description of Business Developer of voice-over IP software	RECEIVED
Type of Business Organization	PROCESSE
☐ limited partnership, already formed	other (please specify): JUN 2 6 2002
business trust limited partnership, to be formed	100
GENERAL INSTRUCTIONS Federal: Who, Must File: All issuers making an offering of securities in reliance on an exem 230.501 et seq. or 15 U.S.C. 77d(6).	ption under Regulation D or Section 4(6), 17 CFR
When To File: A notice must be filed no later than 15 days after the first sale of securities and Exchange Commission (SEC) on the earlier of the date it is received at that address after the date on which it is due, on the date it was mailed by address.	ceived by the SEC at the address given below or, if
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., W.	ashington, D.C. 20549.
	* t 1

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offer-, ing any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available sate exemption unless such exemption is predicated on the filing of federal notice.

***************************************		A. BASIC IDEN	HIFICATION DATA		
2. Enter the information req	-	owing: • Each promoter of	the issuer, if the issuer has	i .	
been organized within the p	•	اف القاسد عدد		100/	to all an area and an area at the same at
the issuer,					a class of equity securities of
		-	orate general and managing	partners of partr	nership issuers; and
Each general and management	ging partner of par	tnership issuers.			
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it Clark, Alan D.	findividual)				
Business or Residence Addre	ss (Number a	nd Street, City, State, Zip	Code)	•	
3360 Martins Far	m Road, Sui	te 200, Suwanee,	Georgia 30024		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)		······································		······································
Jones, Robert E.					
Business or Residence Addre	ss (Number a	and Street, City, State, Zip	Code)		
Garsdon Mill, Ga	rsdon, Malm	esbury, Wiltshir	e, U.K.		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				***************************************
Gerardo M. Balbo	ni II				
Business or Residence Addre	ss (Number a	nd Street, City, State, Zip	Code)		•
5 Concourse Park	way, Suite	900, Atlanta, Ge	eorgia 30328		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
-					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number a	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number a	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, in	f individual)				
Business or Residence Addres	ss (Number a	id Spect, City, State, Zip t	Inde)		

	27.7 1.1				

B. INFORMATION ABOUT OFFERING		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No X
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$ _{N/A}	
3. Does the offering permit joint ownership of a single unit?	Yes	No ⊠
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)	**************	**********
N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	***************************************	*********
(Check "All States" or check individual States)	All S	tates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[MO]]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	ľ
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	☐ All Si	tates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	l
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	•	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]		_
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY Full Name (Last name first, if individual)] [PR	
Business or Residence Address (Number and Street, City, State; Zip Code)		·····
Dusiness of Residence Address (Number and Succes, Only, State, 21p Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	☐ All S	tates
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[MO] [PA]]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Type of Security	Aggregate Offering Pri		Amount Already Sold
Debt ····	<u>\$ 0</u>	*******	\$.0
Equity	£ 250,000		\$250,000
☐ Common ☑ Preferred	•		•
Convertible Securities (including warrants)	<u> </u>		S 0
Partnership Interests	e		·
Other(Specify)	¢ 0		\$
Total	σ.		.P
•	5		. 3
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their Purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero".			Aggregate
	Number Investors		Dollar Amount of Purchases
Accredited Investors	1		<u>§ 250,000</u>
Non-accredited Investors	0		\$ 0
Total (for filings under Rule 504 only)			\$
Answer also in Appendix, Column 4, if filing under ULOE.			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Tomo of		Dellas Assessed
Type of offering	Type of Security		Dollar Amount Sold
Rule 505			<u> </u>
Regulation A			<u> </u>
Rule 504			20
Total			ç 0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the			
securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$ 0
Printing and Engraving Costs	,,,,,,,,,,		50
Legal Fees		X	\$ 20,000
Accounting Fees			\$ <u>0</u>
Engineering Fees			\$ 0
Sales Commissions (specify finders' fees separately)			50
Other Expenses (identify)			§ 0
Total			§20,000
A SERVICE CONTROL CONT			

			
C. OFFERING PRICE, NUMBER O	of investors, expenses and	USE OF PROCEE	DS
b. Enter the difference between the aggregate offering tion I and total expenses furnished in response to Part ("adjusted gross proceeds to the issuer."		************	• \$
Indicate below the amount of the adjusted gross procee used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. T the adjusted gross proceeds to the issuer set forth in res	any purpose is not known, furnish an he total of the payments listed must equal		
	•	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees ·····		□ \$ 0	
Purchase of real estate		□ \$ ○	□ s
Purchase, rental or leasing and installation of mach	inery and equipment	□ \$°	
Construction or leasing of plant buildings and facil	ities ·····	□ s ₀	
Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another		
Repayment of indebtedness		0 \$0	
Working capital			X \$ 230,000
			П г
		, L.J 3	r 1
		· □ S	□ s
Column Totals · · · · · · · · · · · · · · · · · · ·		□ <u>\$</u>	X \$ 230,000
Total Payments Listed (column totals added)	***************************************	X \$ 230	,000
	. FEDERAL SIGNATURE		
	······································		
e issuer has duly caused this notice to be signed by the u nature constitutes an undertaking by the issuer to furnisl information furnished by the issuer to any non-accredit	n to the U.S. Securities and Exchange Con	nmission, upon written:	
uer (Print or Type)	Signature N (Lac	Dete	A 0 =
lchemy, Incorporated	147 no		10y 20, 200
une of Signer (Print or Type)	Title of Signer (Print or Type)		
ian D. Clark	President		

ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE S	IGNATURE	3		***************	
1. Is any party described in 17 CFR 230.252(c of such rule?	e), (d), (e) or (f) present		ny of the disqualificat	ion provisions	Yes	No X
	See Appendix, Colum	n 5, for state re	esponse.			
The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required by		lministrator of	fany state in which th	is notice is filed, a notic	e on Form	ιD
3. The undersigned issuer hereby undertakes to offerces.	o furnish to the state ac	ministrators, u	ipon written request, i	nformation furnished b	y the issue	er to
4. The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the exemption has the burden of establishing the	state in which this not	ice is filed and	understands that the i			this
The issuer has read this notification and knows th undersigned duly authorized person.	e contents to be true a	nd has duly car	used this notice to be	signed on its behalf by t	he	
Issuer (Print or Type)	Signature	137	Ual	Date Ma	1 20	 ', 20
Telchemy, Incorporated Name(Printerlyes)	Title (Print	orType)				

Instruction:

Alan D. Clark

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			· .	4			5
	Intend to non-act investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Itern I)			amount purch	ovestor and nased in State C-Item 2)		Disquali under Stat (if yes, explana waiver g (Part E-	e ULOE attach tion of ranted)
·					Number of Accredited		Number of Non-Accredited			
State	Yes	No			Investors	Amount	Investors	Amount	Yes	No
AL				,						
AK.										
AZ				~~~~					<u> </u>	
AR							***************************************			
CA		х	Preferred Stor \$250,000	ck.	1	\$250,000	0	0		x
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сī								·		
DE										
DC									2 2 8	
·FL							:			
· GA										
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ID										
IL ·						·		N		
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IA.										
KS			17.7			·		·		
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LA										
ME								·		·
MD							·			
MA					· · · · · · · · · · · · · · · · · · ·					
MI										
MN										·
MS		·							· · · · · · · · · · · · · · · · · · ·	
МО				\neg				· ·		

APPENDIX

1		2	3			4	······································		5
	Intend to non-acc investors (Part B-l	credited in State	Type of security and aggregate offering price offered in state (Part C-Iteml)	1	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of t waiver granted) (Part E-Item I)	
Sana	V	No		Number of Accredited	A	Number of Non-Accredited			
State MT	Yes	No		Investors	Amount	Investors	Amount	Yes	No
NE									
NV						-	·		
NH									
NJ		-							
NM							······································		
NY -		.		· .					
NC	·								
ND									
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RI						***************************************		·	
SC									
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WI		·					•••••		
WY									
PR			1		,	i ·			